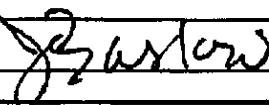
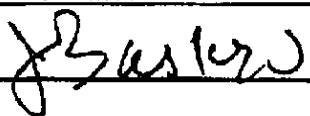


This Form Based on PTO/SB/21

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/960,361
		Filing Date	9/24/2001 <b>RECEIVED</b> <del>CENTRAL FAX CENTER</del>
		First Named Inventor	TANAKA
		Group Art Unit	1754 MAY 25 2004
		Examiner Name	Wright
		Attorney Docket Number	12-007 <b>OFFICIAL</b>

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Communication to Group	
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please Identify below):	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Remarks	<input type="checkbox"/>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Posz & Bethards, PLC
Signature	
Date	25 May 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax. No. 703-872-9306) on 25 May 2004	
Type or printed name	James Barlow
Signature	
Date: 25 May 2004	

# FEE TRANSMITTAL for FY 2004

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 950)

Complete if Known

Application Number 09/960,361

Filing Date 9/24/2001

First Named Inventor TANAKA

Examiner Name Wright

Group/Art Unit 1754

Attorney Docket No. 12-007

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account

Deposit Account Number

Deposit Account Name

50-1147

POSZ &amp; BETHARDS, PLC

The Commissioner is authorized to: (check off that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity | Small Entity

Fee Code (\$)	Fee	Fee Code (\$)	Fee	Fee Description	Fee Paid
1001	770	2001	386	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	386	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20**	Extra Claims	Fees from below	Fee Paid
11	-20**	0	x 18	= 0
2	-3***	0	x 86	= 0

Multiple Dependent

Large Entity | Small Entity

Fee Code (\$)	Fee	Fee Code (\$)	Fee	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	66	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	66	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

\*\* or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES	Fee Description	Fee Paid			
Large Entity	Small Entity				
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)			
1061	130	2051	66	Surcharge - late filing fee or oath	
1062	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1063	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2263	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	280	2403	146	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1462	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or release)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1440	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

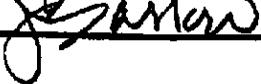
Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 950)

## SUBMITTED BY

Name (Print/Type)	JAMES E. BARLOW
Signature	

Complete if applicable

32,377

(703) 707-9110

Date

25 May 2004